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APPLICANTS

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** CONTINUING DATA *None*** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 24	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
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TITLE

RESPONSE VIRTUAL CHANNEL FOR HANDLING ALL RESPONSES

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